

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/069961

FILING DATE

APPLICANT(S)

8/10/14 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		1				
5		1				
6		1				
7		1				
8	1					
9	1					
10	1					
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TOTAL IND.	5		5		7	
TOTAL DEP.	6		8		18	
TOTAL CLAIMS	11		13		25	

	I		II		III	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS